

# SPECIFIC-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

## FORM SPAC COVER SHEET PG 1

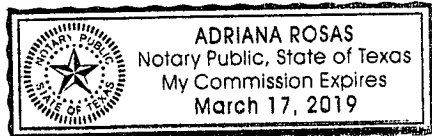
The SPAC INSTRUCTION GUIDE explains how to complete this form.		1 ACCOUNT # (Ethics Commission filers) 00001234		2 PAGE # 1 of 36	
3 COMMITTEE NAME Friends for Peter Svarzbein				OFFICE USE ONLY  Date Received  Date Hand-delivered or Date Postmarked  Receipt # Amount Date Processed Date Imaged	
4 COMMITTEE ADDRESS  <input type="checkbox"/> Change of Address		ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE  705 E. Baltimore El Paso, TX 79912			
5 CAMPAIGN TREASURER NAME  MS / MRS / MR FIRST MI Ms. Noel R ..... NICKNAME LAST SUFFIX Rosenbaum					
6 CAMPAIGN TREASURER'S STREET ADDRESS (Residence or business)		STREET ADDRESS (NO PO BOX PLEASE); APT/SUITE #; CITY; STATE; ZIP CODE 405 Valplano Drive El Paso, TX 79912			
7 CAMPAIGN TREASURER'S MAILING ADDRESS  <input type="checkbox"/> Change of Address		STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 405 Valplano Drive El Paso, TX 79912			
8 CAMPAIGN TREASURER PHONE		AREA CODE PHONE NUMBER EXTENSION (915) 588-9858			
9 REPORT TYPE		<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Dissolution (attach PAC-DR) <input type="checkbox"/> Runoff <input type="checkbox"/> 10th day after campaign treasurer termination			
10 PERIOD COVERED		Month Day Year      Month Day Year 01/12/2015      THROUGH      03/30/2015			
11 ELECTION		ELECTION DATE      ELECTION TYPE Month Day Year <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special 05/09/2015			
GO TO PAGE 2					

# SPECIFIC-PURPOSE COMMITTEE REPORT: PURPOSE & TOTALS

## FORM SPAC COVER SHEET PG 2

12 COMMITTEE NAME Friends for Peter Svarzbein		ACCOUNT # (Ethics Commission filers) 00001234																							
13 COMMITTEE PURPOSE  (Attach lists on plain paper to complete this report if necessary.)  <input checked="" type="checkbox"/> SUPPORT (Candidate or Measure)  <input type="checkbox"/> OPPOSE (Candidate or Measure)  <input type="checkbox"/> ASSIST (Officeholder only)	<input checked="" type="checkbox"/> CANDIDATE	CANDIDATE / OFFICEHOLDER NAME  Peter Svarzbein																							
	<input type="checkbox"/> OFFICEHOLDER	OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder)  City Council District 1																							
	<input type="checkbox"/> MEASURE	BALLOT IDENTIFICATION / #  ELECTION DATE Month Day Year																							
		DESCRIPTION																							
<table border="1"> <tr> <td rowspan="2">14 CONTRIBUTION TOTALS</td> <td>1.</td> <td>TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED</td> <td>\$ 445.33</td> </tr> <tr> <td>2.</td> <td>TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)</td> <td>\$ 24,634.03</td> </tr> <tr> <td rowspan="2">EXPENDITURE TOTALS</td> <td>3.</td> <td>TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED</td> <td>\$ 1,820.52</td> </tr> <tr> <td>4.</td> <td>TOTAL POLITICAL EXPENDITURES</td> <td>\$ 22,597.63</td> </tr> <tr> <td>CONTRIBUTION BALANCE</td> <td>5.</td> <td>TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD</td> <td>\$ 12,199.13</td> </tr> <tr> <td>OUTSTANDING LOAN TOTALS</td> <td>6.</td> <td>TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD</td> <td>\$ 0.00</td> </tr> </table>				14 CONTRIBUTION TOTALS	1.	TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 445.33	2.	TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 24,634.03	EXPENDITURE TOTALS	3.	TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 1,820.52	4.	TOTAL POLITICAL EXPENDITURES	\$ 22,597.63	CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 12,199.13	OUTSTANDING LOAN TOTALS	6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00
14 CONTRIBUTION TOTALS	1.	TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 445.33																						
	2.	TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 24,634.03																						
EXPENDITURE TOTALS	3.	TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 1,820.52																						
	4.	TOTAL POLITICAL EXPENDITURES	\$ 22,597.63																						
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 12,199.13																						
OUTSTANDING LOAN TOTALS	6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00																						

### 15 AFFIDAVIT



I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Noel R. Rosenbaum  
Signature of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Noel R. Rosenbaum, this the 14<sup>th</sup> day of May, 2015, to certify which, witness my hand and seal of office.

Adriana Rosas  
Signature of officer administering oath

Adriana Rosas  
Print name of officer administering oath

Notary Public  
Title of officer administering oath

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 1/16 Report: 3/36	
2 FILER NAME Friends for Peter Svarzbein		3 ACCOUNT # (Ethics Commission filers) 00001234	
4 Date  03/02/2015	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Aguilar, Richard (Mr.)  6 Contributor address; City; State; Zip Code 8201 Lockheed Road, Ste. 203 El Paso, TX 79925	7 Amount of contribution (\$)  \$500.00	8 In-kind contribution description (if applicable)   (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date  01/28/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ainsa, Andrew (Mr.)  Contributor address; City; State; Zip Code 6309 Loma De Cristo El Paso, TX 79912	Amount of contribution (\$)  \$48.65	In-kind contribution description (if applicable)   (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  03/28/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ainsa, Andrew (Mr.)  Contributor address; City; State; Zip Code 6309 Loma De Cristo El Paso, TX 79912	Amount of contribution (\$)  \$96.80	In-kind contribution description (if applicable)   (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  01/19/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Alpern, Louis (Mr.)  Contributor address; City; State; Zip Code 4171 N. Mesa St. El Paso, TX 79912	Amount of contribution (\$)  \$970.70	In-kind contribution description (if applicable)   (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  03/25/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Alpern, Louis (Mr.)  Contributor address; City; State; Zip Code 4171 N. Mesa St. El Paso, TX 79912	Amount of contribution (\$)  \$970.70	In-kind contribution description (if applicable)   (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 2/16 Report: 4/36	
2 FILER NAME Friends for Peter Svarzbein		3 ACCOUNT # (Ethics Commission filers) 00001234	
4 Date  02/25/2015	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Armstater, Richard J. (Mr.)  6 Contributor address; City; State; Zip Code 5000 Montana El Paso, TX 79922	7 Amount of contribution (\$)  \$500.00	8 In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date  01/12/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ayoub, Moses (Mr.)  Contributor address; City; State; Zip Code 3114 Altura Ave. El Paso, TX 79930	Amount of contribution (\$)  \$96.80	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  02/15/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Batkin, Mike (Mr.)  Contributor address; City; State; Zip Code 6112 Via Fortuna Lane El Paso, TX 79912-2603	Amount of contribution (\$)  \$250.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  02/04/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Berg, Tanny  Contributor address; City; State; Zip Code P.O. Box 96 El Paso, TX 79941	Amount of contribution (\$)  \$100.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  02/23/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Bieganowski, Arthur C. (Mr.)  Contributor address; City; State; Zip Code 7213 Majorca Ct. El Paso, TX 79912	Amount of contribution (\$)  \$100.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

**1** PAGE #

Schedule: 3/16 Report: 5/36

**2** FILER NAME Friends for Peter Svarzbein**3** ACCOUNT # (Ethics Commission filers)

00001234

**4** Date

03/03/2015

**5** Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Block, Harole M & Jennie M**6** Contributor address; City; State; Zip Code  
660 Copperfield Land  
El Paso, TX 79912**7** Amount of  
contribution (\$)

\$150.00

**8** In-kind contribution  
description (if applicable)(If travel outside of Texas, complete Schedule T) ☐**9** Principal occupation / Job title (See Instructions)**10** Employer (See Instructions)

Date

03/18/2015

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Bohannon, BenContributor address; City; State; Zip Code  
819 Dulce Tierra  
El Paso, TX 79912Amount of  
contribution (\$)

\$500.00

In-kind contribution  
description (if applicable)(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

03/18/2015

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Bohannon, MattContributor address; City; State; Zip Code  
5525 M. Stanton St Ste 28C  
El Paso, TX 79912Amount of  
contribution (\$)

\$500.00

In-kind contribution  
description (if applicable)(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

03/11/2015

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Cardwell, J.A.Contributor address; City; State; Zip Code  
6080 Surety Drive  
El Paso, TX 79905Amount of  
contribution (\$)

\$1,000.00

In-kind contribution  
description (if applicable)(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

03/15/2015

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Cardwell, James A. Jr. (Mr.)Contributor address; City; State; Zip Code  
5772 Diamond Point  
El Paso, TX 79912Amount of  
contribution (\$)

\$1,000.00

In-kind contribution  
description (if applicable)(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 4/16 Report: 6/36	
2 FILER NAME Friends for Peter Svarzbein		3 ACCOUNT # (Ethics Commission filers) 00001234	
4 Date  02/09/2015	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Dipp, Mike (Mr.)  6 Contributor address; City; State; Zip Code PO Box 55 El Paso, TX 79940-0055	7 Amount of contribution (\$)  \$300.00	8 In-kind contribution description (if applicable)   (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date  02/26/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Dipp, Mike (Mr.)  Contributor address; City; State; Zip Code PO Box 55 El Paso, TX 79940-0055	Amount of contribution (\$)  \$200.00	In-kind contribution description (if applicable)   (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  02/18/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ehrlich, William & Jennifer  Contributor address; City; State; Zip Code 308 Crimson Cloud Lane El Paso, TX 79912	Amount of contribution (\$)  \$200.00	In-kind contribution description (if applicable)   (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  02/10/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Erb, Ryan  Contributor address; City; State; Zip Code 1131 Galloway Dr. El Paso, TX 79902	Amount of contribution (\$)  \$96.80	In-kind contribution description (if applicable)   (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  02/28/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Fenenbock, Mark & Dori  Contributor address; City; State; Zip Code 405 Camino Real Ave. El Paso, TX 79912	Amount of contribution (\$)  \$291.00	In-kind contribution description (if applicable)   (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

**1** PAGE #  
Schedule: 5/16 Report: 7/36

**2** FILER NAME Friends for Peter Svarzbein

**3** ACCOUNT # (Ethics Commission filers)  
00001234

**4** Date  
03/18/2015

**5** Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Feuille, Kathryn

**6** Contributor address; City; State; Zip Code  
857 River Oaks Dr.  
El Paso, TX 79912

**7** Amount of contribution (\$) | **8** In-kind contribution description (if applicable)

\$250.00

(If travel outside of Texas, complete Schedule T) ☐
**9** Principal occupation / Job title (See Instructions)

**10** Employer (See Instructions)

Date

01/28/2015

**5** Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Fowlkes, Kerran and Liz

**6** Contributor address; City; State; Zip Code  
632 Spring Crest  
El Paso, TX 79912

**7** Amount of contribution (\$) | **8** In-kind contribution description (if applicable)

\$150.00

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

03/25/2015

**5** Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Franco, Carlos & Martha

**6** Contributor address; City; State; Zip Code  
871 Broadmoor  
El Paso, TX 79912

**7** Amount of contribution (\$) | **8** In-kind contribution description (if applicable)

\$100.00

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

03/18/2015

**5** Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Frank, Adam & Dana

**6** Contributor address; City; State; Zip Code  
801 River Oaks Dr.  
El Paso, TX 79912

**7** Amount of contribution (\$) | **8** In-kind contribution description (if applicable)

\$1,000.00

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

01/31/2015

**5** Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Gaddy, Glenna

**6** Contributor address; City; State; Zip Code  
2611 N. Kansas  
El Paso, TX 79902

**7** Amount of contribution (\$) | **8** In-kind contribution description (if applicable)

\$242.45

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 6/16 Report: 8/36

2 FILER NAME Friends for Peter Svarzbein

3 ACCOUNT # (Ethics Commission filers)

00001234

4 Date

02/15/2015

5 Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Gaidry & Nehring, Elizabeth & Dominique6 Contributor address; City; State; Zip Code  
3300 N. Stanton  
El Paso, TX 799027 Amount of  
contribution (\$)

\$100.00

8 In-kind contribution  
description (if applicable)(If travel outside of Texas, complete Schedule T) ☐

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

03/03/2015

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Glass, AllisonContributor address; City; State; Zip Code  
9008 Cincinnati  
El Paso, TX 79902Amount of  
contribution (\$)

\$485.20

In-kind contribution  
description (if applicable)(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

03/15/2015

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Godwin, Susan L.Contributor address; City; State; Zip Code  
P.O. Box 920496  
El Paso, TX 79902Amount of  
contribution (\$)

\$50.00

In-kind contribution  
description (if applicable)(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

03/18/2015

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Goldberg, BrettContributor address; City; State; Zip Code  
717 River Elms  
El Paso, TX 79922Amount of  
contribution (\$)

\$96.80

In-kind contribution  
description (if applicable)(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

01/28/2015

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Gonzalez, EmilioContributor address; City; State; Zip Code  
1368 Copper Gate Place  
El Paso, TX 79936Amount of  
contribution (\$)

\$96.80

In-kind contribution  
description (if applicable)(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)



# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 7/16 Report: 9/36	
2 FILER NAME Friends for Peter Svarzbein		3 ACCOUNT # (Ethics Commission filers) 00001234	
4 Date  03/18/2015	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Gordon, Norman & Cheryl  6 Contributor address; City; State; Zip Code 808 Wingfoote Rd. El Paso, TX 79912	7 Amount of contribution (\$)  \$100.00	8 In-kind contribution description (if applicable)   (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date  03/26/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Hahn, Harold  Contributor address; City; State; Zip Code 2244 Trawood, Suite 100 El Paso, TX 79935	Amount of contribution (\$)  \$970.70	In-kind contribution description (if applicable)   (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  03/24/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Heller-Kaim, J.  Contributor address; City; State; Zip Code 700 Wakefield Ct. El Paso, TX 79922	Amount of contribution (\$)  \$200.00	In-kind contribution description (if applicable)   (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  03/19/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Helm, William C. II  Contributor address; City; State; Zip Code 1611 Florence El Paso, TX 79902	Amount of contribution (\$)  \$200.00	In-kind contribution description (if applicable)   (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  01/28/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Hendler, Brett (Mr.)  Contributor address; City; State; Zip Code 5156 San Carlos Ct. Las Cruces, NM 88011	Amount of contribution (\$)  \$100.00	In-kind contribution description (if applicable)   (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 8/16 Report: 10/36

2 FILER NAME Friends for Peter Svarzbein

3 ACCOUNT # (Ethics Commission filers)

00001234

4 Date

02/26/2015

5 Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Hester, Debbi

6 Contributor address; City; State; Zip Code  
6102 Pinehurst  
El Paso, TX 79912

7 Amount of  
contribution (\$)

\$242.45

8 In-kind contribution  
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

03/21/2015

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Holguin & Walker, Mylena & Scott

Contributor address; City; State; Zip Code  
1001 Galloway  
El Paso, TX 79902

Amount of  
contribution (\$)

\$100.00

In-kind contribution  
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

03/18/2015

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Hunt, Stacey

Contributor address; City; State; Zip Code  
4939 Meadowlark Dr.  
El Paso, TX 79923

Amount of  
contribution (\$)

\$500.00

In-kind contribution  
description (if applicable)  
Stacey

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

01/26/2015

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Hunt, Woody and Gayle

Contributor address; City; State; Zip Code  
P.O. Box 12220  
El Paso, TX 79913

Amount of  
contribution (\$)

\$1,000.00

In-kind contribution  
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

02/14/2015

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Kaim, Boris (Dr.)

Contributor address; City; State; Zip Code  
700 Wakefield Ct.  
El Paso, TX 79922

Amount of  
contribution (\$)

\$200.00

In-kind contribution  
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 9/16 Report: 11/36	
2 FILER NAME Friends for Peter Svarzbein		3 ACCOUNT # (Ethics Commission filers) 00001234	
4 Date  03/13/2015	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) King, Jason (Mr.)  6 Contributor address; City; State; Zip Code 720 Meridan Ave. Miami Beach, FL 33139	7 Amount of contribution (\$)  \$67.67	8 In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date  01/28/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Krasne, Rebecca (Mrs.)  Contributor address; City; State; Zip Code 1107 Baltimore Ave. El Paso, TX 79902	Amount of contribution (\$)  \$96.80	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  02/03/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Legate, Sam (Mr.)  Contributor address; City; State; Zip Code 1 Texas Tower 109 N. Oregon St., 12th Floor El Paso, TX 79901	Amount of contribution (\$)  \$500.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  02/25/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Luciano, Don  Contributor address; City; State; Zip Code 718 Blacker El Paso, TX 79902	Amount of contribution (\$)  \$250.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  03/26/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mansfield, Lynson  Contributor address; City; State; Zip Code 2121 Wyoming El Paso, TX 79903	Amount of contribution (\$)  \$174.48	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 10/16 Report: 12/36

2 FILER NAME Friends for Peter Svarzbein

3 ACCOUNT # (Ethics Commission filers)

00001234

4 Date

03/18/2015

5 Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Marcus, Meyer & Melinda6 Contributor address; City; State; Zip Code  
530 Woodland Ave.  
El Paso, TX 799257 Amount of  
contribution (\$)

\$500.00

8 In-kind contribution  
description (if applicable)(If travel outside of Texas, complete Schedule T) ☐

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

03/25/2015

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Metrikin, DavidContributor address; City; State; Zip Code  
1036 Broadmoor Dr  
El Paso, TX 79912Amount of  
contribution (\$)

\$300.00

In-kind contribution  
description (if applicable)(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

03/17/2015

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Morgades, Martin AlbertoContributor address; City; State; Zip Code  
5100B Hunters Glenn  
El Paso, TX 79932Amount of  
contribution (\$)

\$360.00

In-kind contribution  
description (if applicable)(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

03/15/2015

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Moye, John EContributor address; City; State; Zip Code  
800 Blanchard Ave.  
El Paso, TX 79902Amount of  
contribution (\$)

\$50.00

In-kind contribution  
description (if applicable)(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

03/18/2015

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Nadler, GaryContributor address; City; State; Zip Code  
105 Calle Cumbre  
El Paso, TX 79912Amount of  
contribution (\$)

\$100.00

In-kind contribution  
description (if applicable)(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #  
Schedule: 11/16 Report: 13/36

2 FILER NAME Friends for Peter Svarzbein

3 ACCOUNT # (Ethics Commission filers)  
000012344 Date 03/13/2015 5 Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Nedow, Rachelle

7 Amount of contribution (\$) 8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code  
1091 Los Jardines  
El Paso, TX 79912

\$96.80

(If travel outside of Texas, complete Schedule T) ☐

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date 03/27/2015 Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Neiman, Leticia

Amount of contribution (\$) In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code  
5655 Star View Dr  
El Paso, TX 68812

\$500.00

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date 03/19/2015 Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Padilla, Daniella E.

Amount of contribution (\$) In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code  
6117 Los Fuentes  
El Paso, TX 79912

\$96.80

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date 02/17/2015 Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Roe, Bradley (Mr.)

Amount of contribution (\$) In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code  
601 N. Cotton Ste. 6  
El Paso, TX 79902

\$100.00

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date 03/18/2015 Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Rogers Babel, Isha

Amount of contribution (\$) In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code  
1505 Rim Road  
El Paso, TX 79902

\$250.00

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

**1** PAGE #

Schedule: 12/16 Report: 14/36

**2** FILER NAME Friends for Peter Svarzbein**3** ACCOUNT # (Ethics Commission filers)

00001234

**4** Date  
  
01/23/2015**5** Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Rosenbaum, Noel R**6** Contributor address; City; State; Zip Code  
405 Valplano Dr.  
El Paso, TX 79912**7** Amount of contribution (\$)  
  
\$60.00**8** In-kind contribution description (if applicable)(If travel outside of Texas, complete Schedule T) ☐**9** Principal occupation / Job title (See Instructions)**10** Employer (See Instructions)

Date

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Sanders, William

03/19/2015

Contributor address; City; State; Zip Code  
920 Broadmoor Dr  
El Paso, TX 79912Amount of contribution (\$)  
  
\$242.45

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Santamaria, Steve J.

03/18/2015

Contributor address; City; State; Zip Code  
4999 Main Gore Dr. N  
Vail, CO 81657Amount of contribution (\$)  
  
\$250.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Schechter, Rose and David

02/05/2015

Contributor address; City; State; Zip Code  
6235 Los Altos  
El Paso, TX 79912Amount of contribution (\$)  
  
\$96.80

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Scherr, James F. (Mr.)

02/02/2015

Contributor address; City; State; Zip Code  
109 N. Oregon, Suite 1200  
El Paso, TX 79901Amount of contribution (\$)  
  
\$500.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 13/16 Report: 15/36

2 FILER NAME Friends for Peter Svarzbein

3 ACCOUNT # (Ethics Commission filers)

00001234

4 Date

02/19/2015

5 Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Schlusselberg, Sidney6 Contributor address; City; State; Zip Code  
201 E. Main Dr. #1515  
El Paso, TX 799017 Amount of  
contribution (\$)

\$96.80

8 In-kind contribution  
description (if applicable)(If travel outside of Texas, complete Schedule T) ☐

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

02/12/2015

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Schwartz, AdielContributor address; City; State; Zip Code  
7108 Tierra Roja  
El Paso, TX 79912Amount of  
contribution (\$)

\$96.80

In-kind contribution  
description (if applicable)(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

03/18/2015

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Schwartz, Jerry M & Marcia N. (Mrs.)Contributor address; City; State; Zip Code  
6020 Pinehurst  
El Paso, TX 79912Amount of  
contribution (\$)

\$100.00

In-kind contribution  
description (if applicable)(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

01/28/2015

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Schwartz, Scott (Mr.)Contributor address; City; State; Zip Code  
619 Camino Real  
El Paso, TX 79912Amount of  
contribution (\$)

\$2,000.00

In-kind contribution  
description (if applicable)(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

03/26/2015

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Schwartz, Stuart (Mr.)Contributor address; City; State; Zip Code  
1025 Singing Hills  
El Paso, TX 79912Amount of  
contribution (\$)

\$193.90

In-kind contribution  
description (if applicable)(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 14/16 Report: 16/36	
2 FILER NAME Friends for Peter Svarzbein		3 ACCOUNT # (Ethics Commission filers) 00001234	
4 Date  03/26/2015	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Smith, William V. Jr.  6 Contributor address; City; State; Zip Code 405 Sharondale El Paso, TX 79912	7 Amount of contribution (\$)  \$250.00	8 In-kind contribution description (if applicable)   (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date  03/19/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Spier, Andrea & Jeff  Contributor address; City; State; Zip Code 1025 Quinta Antigua Lane El Paso, TX 79912	Amount of contribution (\$)  \$193.90	In-kind contribution description (if applicable)   (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  02/27/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Spier, Hendrika & Thomas  Contributor address; City; State; Zip Code 1045 Camino Rancheros Santa Fe, NM 77505-0344	Amount of contribution (\$)  \$100.00	In-kind contribution description (if applicable)   (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  03/17/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Spier, Peter (Mr.)  Contributor address; City; State; Zip Code 705 E. Baltimore El Paso, TX 79902	Amount of contribution (\$)  \$250.00	In-kind contribution description (if applicable)   (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  02/12/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Strickler, Phillip  Contributor address; City; State; Zip Code 532 Blanchard El Paso, TX 79902	Amount of contribution (\$)  \$96.80	In-kind contribution description (if applicable)   (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	



# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 15/16 Report: 17/36

2 FILER NAME Friends for Peter Svarzbein

3 ACCOUNT # (Ethics Commission filers)

00001234

4 Date

02/02/2015

5 Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Stromberg, Andrew (Mr.)6 Contributor address; City; State; Zip Code  
30 E. 9th St., Apt. 2CC  
New York, NY 100037 Amount of  
contribution (\$)

\$180.00

8 In-kind contribution  
description (if applicable)(If travel outside of Texas, complete Schedule T) ☐

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

02/13/2015

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Theard, Franz (Mr.)Contributor address; City; State; Zip Code  
64 Kingery Dr.  
El Paso, TX 79902Amount of  
contribution (\$)

\$500.00

In-kind contribution  
description (if applicable)(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

03/20/2015

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Tomor, Michael A.Contributor address; City; State; Zip Code  
529 Sharondale  
El Paso, TX 79912Amount of  
contribution (\$)

\$250.00

In-kind contribution  
description (if applicable)(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

01/28/2015

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Tures, StevenContributor address; City; State; Zip Code  
1083 Esplanada  
El Paso, TX 79932Amount of  
contribution (\$)

\$96.80

In-kind contribution  
description (if applicable)(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

01/28/2015

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Wechter, Janet and RandyContributor address; City; State; Zip Code  
804 Don Quixote Ct.  
El Paso, TX 79922Amount of  
contribution (\$)

\$242.45

In-kind contribution  
description (if applicable)(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 16/16 Report: 18/36	
2 FILER NAME Friends for Peter Svarzbein		3 ACCOUNT # (Ethics Commission filers) 00001234	
4 Date  02/21/2015	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Wingo, Robert V. (Mr.)  6 Contributor address; City; State; Zip Code 1021 Los Jardines Circle El Paso, TX 79912	7 Amount of contribution (\$)  \$500.00	8 In-kind contribution description (if applicable)   (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date  03/24/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Woo, Sue (Mrs.)  Contributor address; City; State; Zip Code 816 Lakeshore Drive El Paso, TX 79932	Amount of contribution (\$)  \$100.00	In-kind contribution description (if applicable)   (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  03/06/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Wright, Geoffrey  Contributor address; City; State; Zip Code 2112 Murchison El Paso, TX 79930	Amount of contribution (\$)  \$96.80	In-kind contribution description (if applicable)   (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  01/28/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Wyatt, Michael (Mr.)  Contributor address; City; State; Zip Code 2906 Silver Ave. El Paso, TX 79930	Amount of contribution (\$)  \$100.00	In-kind contribution description (if applicable)   (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  01/28/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Yanar, Victor  Contributor address; City; State; Zip Code 6200 Monarch El Paso, TX 79912	Amount of contribution (\$)  \$96.80	In-kind contribution description (if applicable)   (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

**POLITICAL EXPENDITURES****SCHEDULE F****EXPENDITURE CATEGORIES**

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Event Expense  
Fees

Gifts/Awards/Memorial Expense  
Legal Services  
Food/Beverage Expense  
Polling Expense  
Printing Expense

Salaries/Wages/Contract Labor  
Solicitation/Fundraising Expense  
Travel In District  
Travel Out Of District  
Office Overhead/Rental Expense

Loan Repayment/Reimbursement  
Transportation Equipment & Related Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
OTHER (enter a category not listed above)

The INSTRUCTION GUIDE explains how to complete this form.

<b>1 PAGE #</b> Schedule: 1/17 Report: 19/36		<b>2 FILER NAME</b> Friends for Peter Svarzbein		<b>3 ACCOUNT # (TEC filers)</b> 00001234	
<b>4 Date</b> 02/13/2015		<b>5 Payee name</b> Bustillos, Gonzalo Ernesto (Mr.)			
<b>6 Amount (\$)</b> \$410.00		<b>7 Payee address</b> City; State; Zip Code 6337 Franklin Bluff El Paso, TX 79912			
<b>8 PURPOSE OF EXPENDITURE</b>		<b>(a) Category</b> (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		<b>(b) Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Block walking  <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9 Complete ONLY if direct expenditure to benefit C/OH</b>		Candidate / Officeholder name		Office sought: Office held:	
<b>Date</b> 02/27/2015		<b>Payee name</b> Bustillos, Gonzalo Ernesto (Mr.)			
<b>Amount (\$)</b> \$410.00		<b>Payee address</b> City; State; Zip Code 6337 Franklin Bluff El Paso, TX 79912			
<b>PURPOSE OF EXPENDITURE</b>		<b>Category</b> (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		<b>Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> block walking  <input type="checkbox"/> Check If Austin, TX, officeholder living expense	
<b>Complete ONLY if direct expenditure to benefit C/OH</b>		Candidate / Officeholder name		Office sought: Office held:	
<b>Date</b> 03/12/2015		<b>Payee name</b> Bustillos, Gonzalo Ernesto (Mr.)			
<b>Amount (\$)</b> \$450.00		<b>Payee address</b> City; State; Zip Code 6337 Franklin Bluff El Paso, TX 79912			
<b>PURPOSE OF EXPENDITURE</b>		<b>Category</b> (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		<b>Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> block walking  <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>Complete ONLY if direct expenditure to benefit C/OH</b>		Candidate / Officeholder name		Office sought: Office held:	
<b>Date</b> 03/20/2015		<b>Payee name</b> Bustillos, Gonzalo Ernesto (Mr.)			
<b>Amount (\$)</b> \$350.00		<b>Payee address</b> City; State; Zip Code 6337 Franklin Bluff El Paso, TX 79912			
<b>PURPOSE OF EXPENDITURE</b>		<b>Category</b> (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		<b>Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Block walking  <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>Complete ONLY if direct expenditure to benefit C/OH</b>		Candidate / Officeholder name		Office sought: Office held:	

**POLITICAL EXPENDITURES****SCHEDULE F****EXPENDITURE CATEGORIES**

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Event Expense  
Fees

Gifts/Awards/Memorial Expense  
Legal Services  
Food/Beverage Expense  
Polling Expense  
Printing Expense

Salaries/Wages/Contract Labor  
Solicitation/Fundraising Expense  
Travel In District  
Travel Out Of District  
Office Overhead/Rental Expense

Loan Repayment/Reimbursement  
Transportation Equipment & Related Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
OTHER (enter a category not listed above)

The INSTRUCTION GUIDE explains how to complete this form.

<b>1 PAGE #</b> Schedule: 2/17 Report: 20/36		<b>2 FILER NAME</b> Friends for Peter Svarzbein		<b>3 ACCOUNT # (TEC filers)</b> 00001234	
<b>4 Date</b> 03/27/2015	<b>5 Payee name</b> Bustillos, Gonzalo Ernesto (Mr.)				
<b>6 Amount (\$)</b> \$290.00	<b>7 Payee address</b> City; State; Zip Code 6337 Franklin Bluff El Paso, TX 79912				
<b>8 PURPOSE OF EXPENDITURE</b>	<b>(a) Category</b> (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		<b>(b) Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Block walking		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
<b>9 Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name		Office sought:		Office held:
<b>Date</b> 01/30/2015	<b>Payee name</b> Castaneda, Oscar (Mr.)				
<b>Amount (\$)</b> \$400.00	<b>Payee address</b> City; State; Zip Code 200 Atlantic El Paso, TX 79922				
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) Consulting Expense		<b>Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Campaign designer		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name		Office sought:		Office held:
<b>Date</b> 03/06/2015	<b>Payee name</b> Castaneda, Oscar (Mr.)				
<b>Amount (\$)</b> \$400.00	<b>Payee address</b> City; State; Zip Code 200 Atlantic El Paso, TX 79922				
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) Consulting Expense		<b>Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Campaign Designer		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name		Office sought:		Office held:
<b>Date</b> 02/17/2015	<b>Payee name</b> City of El Paso				
<b>Amount (\$)</b> \$250.00	<b>Payee address</b> City; State; Zip Code City Hall #1 221 N. Kansas St. El Paso, TX 79901				
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) Fees		<b>Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> General Election Filing Fee		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name		Office sought:		Office held:

**POLITICAL EXPENDITURES****SCHEDULE F****EXPENDITURE CATEGORIES**

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Event Expense  
Fees

Gifts/Awards/Memorial Expense  
Legal Services  
Food/Beverage Expense  
Polling Expense  
Printing Expense

Salaries/Wages/Contract Labor  
Solicitation/Fundraising Expense  
Travel In District  
Travel Out Of District  
Office Overhead/Rental Expense

Loan Repayment/Reimbursement  
Transportation Equipment & Related Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
OTHER (enter a category not listed above)

The INSTRUCTION GUIDE explains how to complete this form.

<b>1 PAGE #</b> Schedule: 3/17 Report: 21/36		<b>2 FILER NAME</b> Friends for Peter Svartzbein		<b>3 ACCOUNT # (TEC filers)</b> 00001234	
<b>4 Date</b> 01/30/2015	<b>5 Payee name</b> Corner Store 1360				
<b>6 Amount (\$)</b> \$20.00	<b>7 Payee address</b> City; State; Zip Code 6040 N. Mesa El Paso, TX 79912				
<b>8 PURPOSE OF EXPENDITURE</b>	<b>(a) Category</b> (See Categories listed at the top of this schedule) Travel In District		<b>(b) Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> gas for block walker		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
<b>9 Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name		Office sought:		Office held:
<b>Date</b> 01/31/2015	<b>Payee name</b> Corner Store 1360				
<b>Amount (\$)</b> \$2.37	<b>Payee address</b> City; State; Zip Code 6040 N. Mesa El Paso, TX 79912				
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) Event Expense		<b>Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> ice		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name		Office sought:		Office held:
<b>Date</b> 02/28/2015	<b>Payee name</b> Corner Store 1360				
<b>Amount (\$)</b> \$15.99	<b>Payee address</b> City; State; Zip Code 6040 N. Mesa El Paso, TX 79912				
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) Food/Beverage Expense		<b>Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Beverages		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name		Office sought:		Office held:
<b>Date</b> 02/28/2015	<b>Payee name</b> Corner Store 1360				
<b>Amount (\$)</b> \$25.44	<b>Payee address</b> City; State; Zip Code 6040 N. Mesa El Paso, TX 79912				
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) Travel In District		<b>Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Gas for block walker		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name		Office sought:		Office held:

**POLITICAL EXPENDITURES****SCHEDULE F****EXPENDITURE CATEGORIES**

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Event Expense  
Fees

Gifts/Awards/Memorial Expense  
Legal Services  
Food/Beverage Expense  
Polling Expense  
Printing Expense

Salaries/Wages/Contract Labor  
Solicitation/Fundraising Expense  
Travel In District  
Travel Out Of District  
Office Overhead/Rental Expense

Loan Repayment/Reimbursement  
Transportation Equipment & Related Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
OTHER (enter a category not listed above)

The INSTRUCTION GUIDE explains how to complete this form.

<b>1 PAGE #</b> Schedule: 4/17 Report: 22/36		<b>2 FILER NAME</b> Friends for Peter Svarzbein		<b>3 ACCOUNT # (TEC filers)</b> 00001234	
<b>4 Date</b> 03/07/2015	<b>5 Payee name</b> Corner Store 1360				
<b>6 Amount (\$)</b> \$25.00	<b>7 Payee address</b> City; State; Zip Code 6040 N. Mesa El Paso, TX 79912				
<b>8 PURPOSE OF EXPENDITURE</b>	<b>(a) Category</b> (See Categories listed at the top of this schedule) Travel In District		<b>(b) Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> gas for block walker		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
<b>9 Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name		Office sought:		Office held:
<b>Date</b> 03/13/2015	<b>Payee name</b> Corner Store 1360				
<b>Amount (\$)</b> \$32.11	<b>Payee address</b> City; State; Zip Code 6040 N. Mesa El Paso, TX 79912				
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Travel In District		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> gas for block walker		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name		Office sought:		Office held:
<b>Date</b> 03/26/2015	<b>Payee name</b> Corner Store 1360				
<b>Amount (\$)</b> \$12.35	<b>Payee address</b> City; State; Zip Code 6040 N. Mesa El Paso, TX 79912				
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Travel In District		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> gas for block walker		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name		Office sought:		Office held:
<b>Date</b> 03/27/2015	<b>Payee name</b> Corner Store 1360				
<b>Amount (\$)</b> \$12.35	<b>Payee address</b> City; State; Zip Code 6040 N. Mesa El Paso, TX 79912				
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Travel In District		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Gas for block walker		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name		Office sought:		Office held:

**POLITICAL EXPENDITURES****SCHEDULE F****EXPENDITURE CATEGORIES**

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Event Expense  
Fees

Gifts/Awards/Memorial Expense  
Legal Services  
Food/Beverage Expense  
Polling Expense  
Printing Expense

Salaries/Wages/Contract Labor  
Solicitation/Fundraising Expense  
Travel In District  
Travel Out Of District  
Office Overhead/Rental Expense

Loan Repayment/Reimbursement  
Transportation Equipment & Related Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
OTHER (enter a category not listed above)

The INSTRUCTION GUIDE explains how to complete this form.

<b>1 PAGE #</b> Schedule: 5/17 Report: 23/36		<b>2 FILER NAME</b> Friends for Peter Svarzbein		<b>3 ACCOUNT # (TEC filers)</b> 00001234	
<b>4 Date</b> 03/27/2015	<b>5 Payee name</b> Corner Store 1360				
<b>6 Amount (\$)</b> \$23.72	<b>7 Payee address</b> City; State; Zip Code 6040 N. Mesa El Paso, TX 79912				
<b>8 PURPOSE OF EXPENDITURE</b>	<b>(a) Category</b> (See Categories listed at the top of this schedule) Travel In District		<b>(b) Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> gas for block walker		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
<b>9 Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name		Office sought:		Office held:
<b>Date</b> 01/21/2015	<b>Payee name</b> Delgado, Michelle				
<b>Amount (\$)</b> \$110.00	<b>Payee address</b> City; State; Zip Code 1008 Duskin Dr. El Paso, TX 79907				
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Polling Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> 500 candidate buttons		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name		Office sought:		Office held:
<b>Date</b> 01/14/2015	<b>Payee name</b> Duran, Alberto (Mr.)				
<b>Amount (\$)</b> \$9.13	<b>Payee address</b> City; State; Zip Code 2630 Copper Ave. El Paso, TX 79930				
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Reimbursement for office overhead expense		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name		Office sought:		Office held:
<b>Date</b> 01/23/2015	<b>Payee name</b> Duran, Alberto (Mr.)				
<b>Amount (\$)</b> \$80.00	<b>Payee address</b> City; State; Zip Code 2630 Copper Ave. El Paso, TX 79930				
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> block walking		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name		Office sought:		Office held:

**POLITICAL EXPENDITURES****SCHEDULE F****EXPENDITURE CATEGORIES**

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Event Expense  
Fees

Gifts/Awards/Memorial Expense  
Legal Services  
Food/Beverage Expense  
Polling Expense  
Printing Expense

Salaries/Wages/Contract Labor  
Solicitation/Fundraising Expense  
Travel In District  
Travel Out Of District  
Office Overhead/Rental Expense

Loan Repayment/Reimbursement  
Transportation Equipment & Related Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
OTHER (enter a category not listed above)

The INSTRUCTION GUIDE explains how to complete this form.

<b>1 PAGE #</b> Schedule: 6/17 Report: 24/36		<b>2 FILER NAME</b> Friends for Peter Svarzbein		<b>3 ACCOUNT # (TEC filers)</b> 00001234	
<b>4 Date</b> 02/09/2015		<b>5 Payee name</b> Duran, Alberto (Mr.)			
<b>6 Amount (\$)</b> \$2,000.00		<b>7 Payee address</b> City; State; Zip Code 2630 Copper Ave. El Paso, TX 79930			
<b>8 PURPOSE OF EXPENDITURE</b>		<b>(a) Category</b> (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		<b>(b) Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Campaign manager  <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9 Complete ONLY if direct expenditure to benefit C/OH</b>		Candidate / Officeholder name		Office sought:      Office held:	
<b>Date</b> 02/13/2015		<b>Payee name</b> Duran, Alberto (Mr.)			
<b>Amount (\$)</b> \$41.00		<b>Payee address</b> City; State; Zip Code 2630 Copper Ave. El Paso, TX 79930			
<b>PURPOSE OF EXPENDITURE</b>		<b>Category</b> (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		<b>Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Voter Outreach Event 1  <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>Complete ONLY if direct expenditure to benefit C/OH</b>		Candidate / Officeholder name		Office sought:      Office held:	
<b>Date</b> 02/13/2015		<b>Payee name</b> Duran, Alberto (Mr.)			
<b>Amount (\$)</b> \$40.00		<b>Payee address</b> City; State; Zip Code 2630 Copper Ave. El Paso, TX 79930			
<b>PURPOSE OF EXPENDITURE</b>		<b>Category</b> (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		<b>Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Voter outreach Event 2  <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>Complete ONLY if direct expenditure to benefit C/OH</b>		Candidate / Officeholder name		Office sought:      Office held:	
<b>Date</b> 03/06/2015		<b>Payee name</b> Duran, Alberto (Mr.)			
<b>Amount (\$)</b> \$2,000.00		<b>Payee address</b> City; State; Zip Code 2630 Copper Ave. El Paso, TX 79930			
<b>PURPOSE OF EXPENDITURE</b>		<b>Category</b> (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		<b>Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Campaign manager  <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>Complete ONLY if direct expenditure to benefit C/OH</b>		Candidate / Officeholder name		Office sought:      Office held:	



**POLITICAL EXPENDITURES****SCHEDULE F****EXPENDITURE CATEGORIES**

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Event Expense  
Fees

Gifts/Awards/Memorial Expense  
Legal Services  
Food/Beverage Expense  
Polling Expense  
Printing Expense

Salaries/Wages/Contract Labor  
Solicitation/Fundraising Expense  
Travel In District  
Travel Out Of District  
Office Overhead/Rental Expense

Loan Repayment/Reimbursement  
Transportation Equipment & Related Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
OTHER (enter a category not listed above)

The INSTRUCTION GUIDE explains how to complete this form.

<b>1 PAGE #</b> Schedule: 7/17 Report: 25/36		<b>2 FILER NAME</b> Friends for Peter Svarzbein		<b>3 ACCOUNT # (TEC filers)</b> 00001234	
<b>4 Date</b> 02/02/2015	<b>5 Payee name</b> Eloise				
<b>6 Amount (\$)</b> \$900.00	<b>7 Payee address</b> City; State; Zip Code 255 Shadow Mountain Dr. El Paso, TX 79912				
<b>8 PURPOSE OF EXPENDITURE</b>	<b>(a) Category</b> (See Categories listed at the top of this schedule) Event Expense		<b>(b) Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Use of facility for event		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
<b>9 Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name		Office sought:		Office held:
<b>Date</b> 02/13/2015	<b>Payee name</b> Forma Group				
<b>Amount (\$)</b> \$2,000.00	<b>Payee address</b> City; State; Zip Code 301 E. San Antonio El Paso, TX 79901				
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Consulting Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> General Campaign consultants		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name		Office sought:		Office held:
<b>Date</b> 01/29/2015	<b>Payee name</b> Guitar Center				
<b>Amount (\$)</b> \$113.63	<b>Payee address</b> City; State; Zip Code 6440 Gateway Blvd E #100 El Paso, TX 79905				
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Event Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Microphone and equipmenet		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name		Office sought:		Office held:
<b>Date</b> 01/23/2015	<b>Payee name</b> iPrintLife				
<b>Amount (\$)</b> \$757.75	<b>Payee address</b> City; State; Zip Code 900 Loma Verde Suite E El Paso, TX 79936				
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> signs with frames		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name		Office sought:		Office held:

**POLITICAL EXPENDITURES****SCHEDULE F****EXPENDITURE CATEGORIES**

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Event Expense  
Fees

Gifts/Awards/Memorial Expense  
Legal Services  
Food/Beverage Expense  
Polling Expense  
Printing Expense

Salaries/Wages/Contract Labor  
Solicitation/Fundraising Expense  
Travel In District  
Travel Out Of District  
Office Overhead/Rental Expense

Loan Repayment/Reimbursement  
Transportation Equipment & Related Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
OTHER (enter a category not listed above)

The INSTRUCTION GUIDE explains how to complete this form.

<b>1 PAGE #</b> Schedule: 8/17 Report: 26/36		<b>2 FILER NAME</b> Friends for Peter Svarzbein		<b>3 ACCOUNT # (TEC filers)</b> 00001234	
<b>4 Date</b> 03/18/2015	<b>5 Payee name</b> iPrintLife				
<b>6 Amount (\$)</b> \$757.75	<b>7 Payee address</b> City; State; Zip Code 900 Loma Verde Suite E El Paso, TX 79936				
<b>8 PURPOSE OF EXPENDITURE</b>	<b>(a) Category</b> (See Categories listed at the top of this schedule) Advertising Expense		<b>(b) Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Yard signs		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
<b>9 Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name		Office sought:		Office held:
<b>Date</b> 01/15/2015	<b>Payee name</b> Leahy, Matthew (Mr.)				
<b>Amount (\$)</b> \$16.24	<b>Payee address</b> City; State; Zip Code 429 Palmary El Paso, TX 79912				
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Reimbursement for Office materials		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name		Office sought:		Office held:
<b>Date</b> 01/15/2015	<b>Payee name</b> Leahy, Matthew (Mr.)				
<b>Amount (\$)</b> \$15.00	<b>Payee address</b> City; State; Zip Code 429 Palmary El Paso, TX 79912				
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Travel In District		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Reimbursement for block walker gas		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name		Office sought:		Office held:
<b>Date</b> 02/04/2015	<b>Payee name</b> Leahy, Matthew (Mr.)				
<b>Amount (\$)</b> \$1,300.00	<b>Payee address</b> City; State; Zip Code 429 Palmary El Paso, TX 79912				
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Campaign strategist		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name		Office sought:		Office held:

**POLITICAL EXPENDITURES****SCHEDULE F****EXPENDITURE CATEGORIES**

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Event Expense  
Fees

Gifts/Awards/Memorial Expense  
Legal Services  
Food/Beverage Expense  
Polling Expense  
Printing Expense

Salaries/Wages/Contract Labor  
Solicitation/Fundraising Expense  
Travel In District  
Travel Out Of District  
Office Overhead/Rental Expense

Loan Repayment/Reimbursement  
Transportation Equipment & Related Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
OTHER (enter a category not listed above)

The INSTRUCTION GUIDE explains how to complete this form.

<b>1 PAGE #</b> Schedule: 9/17 Report: 27/36		<b>2 FILER NAME</b> Friends for Peter Svarzbein		<b>3 ACCOUNT # (TEC filers)</b> 00001234	
<b>4 Date</b> 02/13/2015	<b>5 Payee name</b> Leahy, Matthew (Mr.)				
<b>6 Amount (\$)</b> \$79.93	<b>7 Payee address</b> City; State; Zip Code 429 Palmary El Paso, TX 79912				
<b>8 PURPOSE OF EXPENDITURE</b>	<b>(a) Category</b> (See Categories listed at the top of this schedule) Travel In District		<b>(b) Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Reimbursement for purchase of gas for block walkers		
			<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
<b>9 Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name		Office sought:		Office held:
<b>Date</b> 02/23/2015	<b>Payee name</b> Leahy, Matthew (Mr.)				
<b>Amount (\$)</b> \$25.00	<b>Payee address</b> City; State; Zip Code 429 Palmary El Paso, TX 79912				
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) Polling Expense		<b>Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> reimbursement for block walker gas		
			<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name		Office sought:		Office held:
<b>Date</b> 03/06/2015	<b>Payee name</b> Leahy, Matthew (Mr.)				
<b>Amount (\$)</b> \$1,300.00	<b>Payee address</b> City; State; Zip Code 429 Palmary El Paso, TX 79912				
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		<b>Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> campaign strategist		
			<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name		Office sought:		Office held:
<b>Date</b> 03/13/2015	<b>Payee name</b> Leahy, Matthew (Mr.)				
<b>Amount (\$)</b> \$3.02	<b>Payee address</b> City; State; Zip Code 429 Palmary El Paso, TX 79912				
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) Event Expense		<b>Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Reimbursement for ice for event		
			<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name		Office sought:		Office held:

**POLITICAL EXPENDITURES****SCHEDULE F****EXPENDITURE CATEGORIES**

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Event Expense  
Fees

Gifts/Awards/Memorial Expense  
Legal Services  
Food/Beverage Expense  
Polling Expense  
Printing Expense

Salaries/Wages/Contract Labor  
Solicitation/Fundraising Expense  
Travel In District  
Travel Out Of District  
Office Overhead/Rental Expense

Loan Repayment/Reimbursement  
Transportation Equipment & Related Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
OTHER (enter a category not listed above)

The INSTRUCTION GUIDE explains how to complete this form.

<b>1 PAGE #</b> Schedule: 10/17 Report: 28/36		<b>2 FILER NAME</b> Friends for Peter Svarzbein		<b>3 ACCOUNT # (TEC filers)</b> 00001234	
<b>4 Date</b> 01/15/2015	<b>5 Payee name</b> LULAC Council #335				
<b>6 Amount (\$)</b> \$120.00	<b>7 Payee address</b> City; State; Zip Code 221 N. Kansas St. Suite 501 El Paso, TX 79901				
<b>8 PURPOSE OF EXPENDITURE</b>	<b>(a) Category</b> (See Categories listed at the top of this schedule) Event Expense		<b>(b) Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> 2 dinner seats at Tejano Dinner		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
<b>9 Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name		Office sought:		Office held:
<b>Date</b> 02/13/2015	<b>Payee name</b> Navarrette, Rafael (Mr.)				
<b>Amount (\$)</b> \$144.00	<b>Payee address</b> City; State; Zip Code 12677 Tierra Tigre El Paso, TX 79938				
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Block walking for candidate		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name		Office sought:		Office held:
<b>Date</b> 02/27/2015	<b>Payee name</b> Navarrette, Rafael (Mr.)				
<b>Amount (\$)</b> \$244.00	<b>Payee address</b> City; State; Zip Code 12677 Tierra Tigre El Paso, TX 79938				
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Block walking		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name		Office sought:		Office held:
<b>Date</b> 03/29/2015	<b>Payee name</b> Navarrette, Rafael (Mr.)				
<b>Amount (\$)</b> \$320.00	<b>Payee address</b> City; State; Zip Code 12677 Tierra Tigre El Paso, TX 79938				
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> block walking		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name		Office sought:		Office held:

**POLITICAL EXPENDITURES****SCHEDULE F****EXPENDITURE CATEGORIES**

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Event Expense  
Fees

Gifts/Awards/Memorial Expense  
Legal Services  
Food/Beverage Expense  
Polling Expense  
Printing Expense

Salaries/Wages/Contract Labor  
Solicitation/Fundraising Expense  
Travel In District  
Travel Out Of District  
Office Overhead/Rental Expense

Loan Repayment/Reimbursement  
Transportation Equipment & Related Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
OTHER (enter a category not listed above)

The INSTRUCTION GUIDE explains how to complete this form.

<b>1 PAGE #</b> Schedule: 11/17 Report: 29/36		<b>2 FILER NAME</b> Friends for Peter Svarzbein		<b>3 ACCOUNT # (TEC filers)</b> 00001234
<b>4 Date</b> 01/14/2015	<b>5 Payee name</b> Office Depot/OfficeMax			
<b>6 Amount (\$)</b> \$144.22	<b>7 Payee address</b> City; State; Zip Code 801 Sunland Park Dr., Space B El Paso, TX 79912			
<b>8 PURPOSE OF EXPENDITURE</b>	<b>(a) Category</b> (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		<b>(b) Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Office supplies	
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense			
<b>9 Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name		Office sought:	Office held:
<b>Date</b> 01/30/2015	<b>Payee name</b> Office Depot/OfficeMax			
<b>Amount (\$)</b> \$57.51	<b>Payee address</b> City; State; Zip Code 801 Sunland Park Dr., Space B El Paso, TX 79912			
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Office supplies, some technology accessories	
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense			
<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name		Office sought:	Office held:
<b>Date</b> 02/06/2015	<b>Payee name</b> Office Depot/OfficeMax			
<b>Amount (\$)</b> \$22.72	<b>Payee address</b> City; State; Zip Code 801 Sunland Park Dr., Space B El Paso, TX 79912			
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> office materials	
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense			
<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name		Office sought:	Office held:
<b>Date</b> 02/19/2015	<b>Payee name</b> Office Depot/OfficeMax			
<b>Amount (\$)</b> \$34.63	<b>Payee address</b> City; State; Zip Code 801 Sunland Park Dr., Space B El Paso, TX 79912			
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> office supplies/net equipment	
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense			
<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name		Office sought:	Office held:

**POLITICAL EXPENDITURES****SCHEDULE F****EXPENDITURE CATEGORIES**

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Event Expense  
Fees

Gifts/Awards/Memorial Expense  
Legal Services  
Food/Beverage Expense  
Polling Expense  
Printing Expense

Salaries/Wages/Contract Labor  
Solicitation/Fundraising Expense  
Travel In District  
Travel Out Of District  
Office Overhead/Rental Expense

Loan Repayment/Reimbursement  
Transportation Equipment & Related Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
OTHER (enter a category not listed above)

The INSTRUCTION GUIDE explains how to complete this form.

<b>1 PAGE #</b> Schedule: 12/17 Report: 30/36		<b>2 FILER NAME</b> Friends for Peter Svarzbein		<b>3 ACCOUNT # (TEC filers)</b> 00001234	
<b>4 Date</b> 03/19/2015	<b>5 Payee name</b> Office Depot/OfficeMax				
<b>6 Amount (\$)</b> \$43.69	<b>7 Payee address</b> City; State; Zip Code 801 Sunland Park Dr., Space B El Paso, TX 79912				
<b>8 PURPOSE OF EXPENDITURE</b>	<b>(a) Category</b> (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		<b>(b) Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> pens, paper, etc.  <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
<b>9 Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name		Office sought:		Office held:
<b>Date</b> 03/25/2015	<b>Payee name</b> Office Depot/OfficeMax				
<b>Amount (\$)</b> \$57.35	<b>Payee address</b> City; State; Zip Code 801 Sunland Park Dr., Space B El Paso, TX 79912				
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		<b>Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> ink and cabling  <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name		Office sought:		Office held:
<b>Date</b> 01/19/2015	<b>Payee name</b> Parker, Christopher (Mr.)				
<b>Amount (\$)</b> \$165.00	<b>Payee address</b> City; State; Zip Code 6006 N. Mesa El Paso, TX 79912				
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		<b>Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Used office furniture  <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name		Office sought:		Office held:
<b>Date</b> 03/11/2015	<b>Payee name</b> Rosenbaum, Noel R (Ms.)				
<b>Amount (\$)</b> \$150.00	<b>Payee address</b> City; State; Zip Code 405 Valplano Drive El Paso, TX 79912				
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) Event Expense		<b>Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> reimbursement for 3 dinners at Black El Paso Democrat Banquet  <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name		Office sought:		Office held:

**POLITICAL EXPENDITURES****SCHEDULE F****EXPENDITURE CATEGORIES**

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Event Expense  
Fees

Gifts/Awards/Memorial Expense  
Legal Services  
Food/Beverage Expense  
Polling Expense  
Printing Expense

Salaries/Wages/Contract Labor  
Solicitation/Fundraising Expense  
Travel In District  
Travel Out Of District  
Office Overhead/Rental Expense

Loan Repayment/Reimbursement  
Transportation Equipment & Related Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
OTHER (enter a category not listed above)

The INSTRUCTION GUIDE explains how to complete this form.

<b>1 PAGE #</b> Schedule: 13/17 Report: 31/36		<b>2 FILER NAME</b> Friends for Peter Svarzbein		<b>3 ACCOUNT # (TEC filers)</b> 00001234	
<b>4 Date</b> 01/28/2015	<b>5 Payee name</b> SabertoothFood Company				
<b>6 Amount (\$)</b> \$176.68	<b>7 Payee address</b> City; State; Zip Code 4011 N. Mesa, Ste. 8 El Paso, TX 79912				
<b>8 PURPOSE OF EXPENDITURE</b>	<b>(a) Category</b> (See Categories listed at the top of this schedule) Event Expense		<b>(b) Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Food for fundraising event		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
<b>9 Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name		Office sought:		Office held:
<b>Date</b> 03/24/2015	<b>Payee name</b> Saigon Taste				
<b>Amount (\$)</b> \$40.20	<b>Payee address</b> City; State; Zip Code 6940 N. Mesa El Paso, TX 79912				
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) Food/Beverage Expense		<b>Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Staff meal		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name		Office sought:		Office held:
<b>Date</b> 01/19/2015	<b>Payee name</b> Sam's Club				
<b>Amount (\$)</b> \$308.97	<b>Payee address</b> City; State; Zip Code 7970 N. Mesa El Paso, TX 79912				
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		<b>Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Computer accessories - monitors, connectors, etc.		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name		Office sought:		Office held:
<b>Date</b> 01/23/2015	<b>Payee name</b> Technology, Networks & Systems				
<b>Amount (\$)</b> \$465.47	<b>Payee address</b> City; State; Zip Code 6006 N. Mesa, Ste. 1010 El Paso, TX 79912				
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement		<b>Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Internet installation and service		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name		Office sought:		Office held:

**POLITICAL EXPENDITURES****SCHEDULE F****EXPENDITURE CATEGORIES**

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Event Expense  
Fees

Gifts/Awards/Memorial Expense  
Legal Services  
Food/Beverage Expense  
Polling Expense  
Printing Expense

Salaries/Wages/Contract Labor  
Solicitation/Fundraising Expense  
Travel In District  
Travel Out Of District  
Office Overhead/Rental Expense

Loan Repayment/Reimbursement  
Transportation Equipment & Related Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
OTHER (enter a category not listed above)

The INSTRUCTION GUIDE explains how to complete this form.

<b>1 PAGE #</b> Schedule: 14/17 Report: 32/36		<b>2 FILER NAME</b> Friends for Peter Svarzbein		<b>3 ACCOUNT # (TEC filers)</b> 00001234	
<b>4 Date</b> 02/01/2015	<b>5 Payee name</b> Technology, Networks & Systems				
<b>6 Amount (\$)</b> \$135.31	<b>7 Payee address</b> City; State; Zip Code 6006 N. Mesa, Ste. 1010 El Paso, TX 79912				
<b>8 PURPOSE OF EXPENDITURE</b>	<b>(a) Category</b> (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		<b>(b) Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Internet seservice Februaery		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
<b>9 Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name		Office sought:		Office held:
<b>Date</b> 03/02/2015	<b>Payee name</b> Technology, Networks & Systems				
<b>Amount (\$)</b> \$135.31	<b>Payee address</b> City; State; Zip Code 6006 N. Mesa, Ste. 1010 El Paso, TX 79912				
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Internet Services		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name		Office sought:		Office held:
<b>Date</b> 02/17/2015	<b>Payee name</b> Texas Democratic Party				
<b>Amount (\$)</b> \$15.16	<b>Payee address</b> City; State; Zip Code 4819 E. Ben White Blvd Ste. 104 Austin, TX 79936				
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Polling Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> access to VAN		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name		Office sought:		Office held:
<b>Date</b> 02/13/2015	<b>Payee name</b> Tomayo, Elisa (Ms.)				
<b>Amount (\$)</b> \$248.00	<b>Payee address</b> City; State; Zip Code 4433 N. Stanton El Paso, TX 79902				
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Block walking for candidate		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name		Office sought:		Office held:



**POLITICAL EXPENDITURES****SCHEDULE F****EXPENDITURE CATEGORIES**

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Event Expense  
Fees

Gifts/Awards/Memorial Expense  
Legal Services  
Food/Beverage Expense  
Polling Expense  
Printing Expense

Salaries/Wages/Contract Labor  
Solicitation/Fundraising Expense  
Travel In District  
Travel Out Of District  
Office Overhead/Rental Expense

Loan Repayment/Reimbursement  
Transportation Equipment & Related Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
OTHER (enter a category not listed above)

The INSTRUCTION GUIDE explains how to complete this form.

<b>1 PAGE #</b> Schedule: 15/17 Report: 33/36		<b>2 FILER NAME</b> Friends for Peter Svarzbein		<b>3 ACCOUNT # (TEC filers)</b> 00001234	
<b>4 Date</b> 02/27/2015	<b>5 Payee name</b> Tomayo, Elisa (Ms.)				
<b>6 Amount (\$)</b> \$336.00	<b>7 Payee address</b> City; State; Zip Code 4433 N. Stanton El Paso, TX 79902				
<b>8 PURPOSE OF EXPENDITURE</b>	<b>(a) Category</b> (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		<b>(b) Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Block walker		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
<b>9 Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name		Office sought:		Office held:
<b>Date</b> 03/13/2015	<b>Payee name</b> Tomayo, Elisa (Ms.)				
<b>Amount (\$)</b> \$436.25	<b>Payee address</b> City; State; Zip Code 4433 N. Stanton El Paso, TX 79902				
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) Advertising Expense		<b>Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Literature for voter contact		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name		Office sought:		Office held:
<b>Date</b> 01/15/2015	<b>Payee name</b> Tovar Printing, Inc.				
<b>Amount (\$)</b> \$70.36	<b>Payee address</b> City; State; Zip Code 1230 Texas Ave. El Paso, TX 79901				
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) Advertising Expense		<b>Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Business cards		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name		Office sought:		Office held:
<b>Date</b> 01/27/2015	<b>Payee name</b> Tovar Printing, Inc.				
<b>Amount (\$)</b> \$162.38	<b>Payee address</b> City; State; Zip Code 1230 Texas Ave. El Paso, TX 79901				
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) Advertising Expense		<b>Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> 500 stickers		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name		Office sought:		Office held:

**POLITICAL EXPENDITURES****SCHEDULE F****EXPENDITURE CATEGORIES**

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Event Expense  
Fees

Gifts/Awards/Memorial Expense  
Legal Services  
Food/Beverage Expense  
Polling Expense  
Printing Expense

Salaries/Wages/Contract Labor  
Solicitation/Fundraising Expense  
Travel In District  
Travel Out Of District  
Office Overhead/Rental Expense

Loan Repayment/Reimbursement  
Transportation Equipment & Related Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
OTHER (enter a category not listed above)

The INSTRUCTION GUIDE explains how to complete this form.

<b>1 PAGE #</b> Schedule: 16/17 Report: 34/36		<b>2 FILER NAME</b> Friends for Peter Svarzbein		<b>3 ACCOUNT # (TEC filers)</b> 00001234	
<b>4 Date</b> 01/29/2015	<b>5 Payee name</b> Tovar Printing, Inc.				
<b>6 Amount (\$)</b> \$766.41	<b>7 Payee address</b> City; State; Zip Code 1230 Texas Ave. El Paso, TX 79901				
<b>8 PURPOSE OF EXPENDITURE</b>	<b>(a) Category</b> (See Categories listed at the top of this schedule) Advertising Expense		<b>(b) Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> postcards and signs		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
<b>9 Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name		Office sought:		Office held:
<b>Date</b> 01/30/2015	<b>Payee name</b> Tovar Printing, Inc.				
<b>Amount (\$)</b> \$601.87	<b>Payee address</b> City; State; Zip Code 1230 Texas Ave. El Paso, TX 79901				
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> postcards		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name		Office sought:		Office held:
<b>Date</b> 03/13/2015	<b>Payee name</b> Tovar Printing, Inc.				
<b>Amount (\$)</b> \$436.25	<b>Payee address</b> City; State; Zip Code 1230 Texas Ave. El Paso, TX 79901				
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Printing Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> literature for voter contact		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name		Office sought:		Office held:
<b>Date</b> 03/15/2015	<b>Payee name</b> Tovar Printing, Inc.				
<b>Amount (\$)</b> \$53.04	<b>Payee address</b> City; State; Zip Code 1230 Texas Ave. El Paso, TX 79901				
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Event Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Fundraiser invitations		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name		Office sought:		Office held:

**POLITICAL EXPENDITURES****SCHEDULE F****EXPENDITURE CATEGORIES**

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Event Expense  
Fees

Gifts/Awards/Memorial Expense  
Legal Services  
Food/Beverage Expense  
Polling Expense  
Printing Expense

Salaries/Wages/Contract Labor  
Solicitation/Fundraising Expense  
Travel In District  
Travel Out Of District  
Office Overhead/Rental Expense

Loan Repayment/Reimbursement  
Transportation Equipment & Related Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
OTHER (enter a category not listed above)

The INSTRUCTION GUIDE explains how to complete this form.

<b>1 PAGE #</b> Schedule: 17/17 Report: 35/36		<b>2 FILER NAME</b> Friends for Peter Svarzbein		<b>3 ACCOUNT # (TEC filers)</b> 00001234
<b>4 Date</b> 03/16/2015	<b>5 Payee name</b> Tovar Printing, Inc.			
<b>6 Amount (\$)</b> \$70.36	<b>7 Payee address</b> City; State; Zip Code 1230 Texas Ave. El Paso, TX 79901			
<b>8 PURPOSE OF EXPENDITURE</b>	<b>(a) Category</b> (See Categories listed at the top of this schedule) Advertising Expense		<b>(b) Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Labels for yard signs	
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense			
<b>9 Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name		Office sought:	Office held:
<b>Date</b> 01/23/2015	<b>Payee name</b> Walmart #1015			
<b>Amount (\$)</b> \$85.92	<b>Payee address</b> City; State; Zip Code 7555 N. Mesa St El Paso, TX 79912			
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		<b>Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Supplies	
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense			
<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name		Office sought:	Office held:
<b>Date</b> 01/30/2015	<b>Payee name</b> Walmart #1015			
<b>Amount (\$)</b> \$52.27	<b>Payee address</b> City; State; Zip Code 7555 N. Mesa St El Paso, TX 79912			
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) Food/Beverage Expense		<b>Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> food supplies for office	
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense			
<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name		Office sought:	Office held:

CITY CLERK DEPT.  
2015 MAY 14 PM 4:39

**INTEREST EARNED, OTHER CREDITS/GAINS/  
REFUNDS, AND PURCHASE OF INVESTMENTS****SCHEDULE K**

The INSTRUCTION GUIDE explains how to complete this form.

**1** PAGE #  
Schedule: 1/1 Report: 36/36**2** FILER NAME Friends for Peter Svarzbein**3** ACCOUNT # (Ethics Commission filers)  
00001234**4** Date

02/13/2015

**5** Name of person from whom amount is received  
Forma Group**8** Amount  
(\$)

\$2,000.00

**6** Address of person from whom amount is received; City; State; Zip Code301 E. San Antonio  
El Paso, TX 79901**7** Purpose for which amount is received  
RefundCITY CLERK DEPT.  
2015 MAY 14 PM 4:39